



210 Lindsey Wilson Street
Columbia, Kentucky 42728
502-384-8100 or 800-264-0138

Please type or print. Fill in all blanks.

Application for Financial Aid

Full Legal Last Name _____ First _____ Maiden/M.I. _____

Home Address _____

City _____ County _____ State _____ Zip _____

Telephone (_____) _____ Date of Birth _____

Social Security # _____ Sex: ☐ Male ☐ Female

Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widow(er)

Program of Study: ☐ B.A. ☐ A.A. College Major _____

Citizenship: ☐ U.S. Citizen ☐ Permanent resident (Attach copy of both sides of Alien Registration Card and I-94) ☐ Other (indicate Visa) _____

Entering Lindsey Wilson as: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Academic Year: 19____ - ____ ☐ Fall & Spring ☐ Fall Only ☐ Spring Only ☐ Summer Only

Will you be: ☐ Commuting ☐ Dorm resident

Enrollment: ☐ Full Time (12+ hours) ☐ ¾ Time (9-11 hours) ☐ ½ Time (6-8 hours)
☐ Less than 6 hours ☐ Extension (no. of hours _____)

Race (for reporting purposes only): ☐ American Indian/Alaskan Native ☐ African American/Black ☐ Other
☐ Asian/Pacific Islander ☐ Caucasian/White ☐ Hispanic

Types of Assistance You are Applying For:

☐ Federal Pell Grant ☐ Federal Perkins Loan (NDSL) ☐ Kentucky Tuition Grant
☐ Federal Stafford Student Loan ☐ Federal Work Study ☐ Veterans
☐ Federal Supplemental Educational Opportunity Grant ☐ Scholarship (kind) _____

Have you mailed the FAFSA? ☐ Yes ☐ No If yes, what date? _____

Will you receive a scholarship from sources outside Lindsey Wilson College? ☐ Yes ☐ No

If yes, what is the source? _____

What is the amount? _____

Please complete other side.

Application for Financial Aid *continued*

Have you ever attended Lindsey Wilson College? ☐ Yes ☐ No If Yes, when? _____

Have you ever been in default on an education loan? ☐ Yes ☐ No If Yes, explain? _____

Have you ever attended another college or university? ☐ Yes ☐ No Please list all institutions previously attended:

Name _____

Name _____

Address _____

Address _____

Dates attended _____

Dates attended _____

Name _____

Name _____

Address _____

Address _____

Dates attended _____

Dates attended _____

You must have a financial aid transcript forwarded from all institutions previously attended.

Statement of Educational Purpose/Registration Compliance

☐ I certify that I am not required to be registered with the Selective Service because (check one reason):

☐ I am a female.

☐ I have not reached my 18th birthday.

☐ I am in the Armed Services on active duty.

☐ I was born before 1960.

Note: Members of the Reserve and National Guard are not considered on active duty.

☐ I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.

☐ I certify that I am registered with the Selective Service.

I affirm that I will use any funds I receive under the Federal PELL Grant, Federal Supplemental Educational Opportunity Grant, Federal Work Study, Federal Perkins Loan (NDSL), or Federal Stafford Student Loan Program solely for expenses related to attendance at Lindsey Wilson College.

I understand that I am responsible for repaying any funds that I receive which cannot reasonably be attributed to meeting my educational expenses related to attendance at Lindsey Wilson College.

I certify that I am not in default on any Title IV loans (Federal Stafford Student Loans, Perkins Loan [NDSL], Supplemental Loan for Students [SLS], Parent Loan for Students [PLUS]), nor do I owe a refund on any Title IV federal grants (PELL, Supplemental Educational Grant, Student State Incentive Grant, Federal Work Study) at an institution I have attended.

I further understand that the amount of any repayment is based on regulations published by the Secretary of Education.

I understand that my financial aid is subject to adjustment any time there is a change in my family's financial circumstances, or if additional financial information warrants such an adjustment. I understand that a drop or withdrawal from my courses may decrease or cancel my financial aid awards. I understand that I must maintain satisfactory progress toward the completion of my program of study as defined by Lindsey Wilson College. I authorize the Financial Aid Office to discuss my allocation and awards with other agencies from which I may be receiving assistance.

I declare under penalty of perjury that the foregoing is true and correct. (Any person who knowingly makes a false statement or a misrepresentation on this form shall be subject to a fine of not more than \$10,000 or to imprisonment of not more than five years, or both, under provisions of the United States Code.)

Signature _____ Date _____

Academic period covered by financial aid: Month _____ Year _____ to Month _____ Year _____

Lindsey Wilson College admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the college. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletics and other school administered programs. The college does not discriminate on the basis of sex, age, handicap or marital status. Compliance with Title IX of the Educational Amendments of 1972, which prohibits sex discrimination, and with Title VI of the Civil Rights Act of 1964 is coordinated by the Vice President for Business Affairs, Administration Building. Telephone 502-384-2126.